

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☐ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.
 Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:
 KPDES Branch (502) 564-3410

UNK 1,000

I. FACILITY LOCATION AND CONTACT INFORMATION

AGENCY
USE

0082678

A. Name of business, municipality, company, etc. requesting permit

DELTA AIRLITE SET CENTER (FORMERLY COMAIR AVIATION)

B. Facility Name and Location

Facility Location Name:

CHICKENHART/NORTHERN KENTUCKY INT'L AIRPORT

Facility Location Address (i.e. street, road, etc.):

2042 TOWER DRIVE

Facility Location City, State, Zip Code:

HEBRON

KENTUCKY 41048

C. Facility Owner/Mailing Address

Owner Name:

DELTA AIRLITE SET CENTER

Mailing Street:

77 COMAIR BLVD.

Mailing City, State, Zip Code:

EPANAGER, KENTUCKY 41042

Telephone Number:

859-767-3501

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc:

FIXED BASE OPERATION WITH FUEL PROVIDED AS WELL AS OIL.
 DAY & NIGHT OPERATIONS.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code &

Description:

4581

Other SIC Codes:

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located:

BOONE

City where facility is located (if applicable):

HEBRON

C. Body of water receiving discharge:

UNNAMED TRIBUTARY OF GUNPOWDER CREEK

D. Facility Site Latitude (degrees, minutes, seconds):

39° 2' 32.7"

Facility Site Longitude (degrees, minutes, seconds):

84° 39' 53.1"

E. Method used to obtain latitude & longitude (see instructions):

GPS

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**

☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:

Telephone Number:

Operator Mailing Address (Street):

Operator Mailing Address (City, State, Zip Code):

Is the operator also the owner?

Yes ☐ No ☐

Is the operator certified? If yes, list certification class and number below.

Yes ☐ No ☐

Certification Class:

Certification Number:

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY 0082678

Issue Date of Current Permit:

JULY 1, 2002

Expiration Date of Current Permit:

JUNE 30, 2007

Number of Times Permit Reissued:

3

Date of Original Permit Issuance:

10-23-1986

Sludge Disposal Permit Number:

Kentucky DOW Operational Permit #:

Kentucky DSMRE Permit Number(s):

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A	
Solid or Special Waste	N/A	
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:

GREGORY B BUMPUS

B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)

DMR Mailing Name:

SEVERN TRENT LABORATORIES

DMR Mailing Street:

4101 SHUFFLE DRIVE

DMR Mailing City, State, Zip Code:

NORTH CANTON, OHIO 44720

DMR Official Telephone Number:

(859) 767-3501

GREGORY B BUMPUS

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:

Non-Process Industry

Filing Fee Enclosed:

\$1,000.00

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

Gregory B Bumpus General Manager
SIGNATURE

TELEPHONE NUMBER (area code and number):

859-767-3501

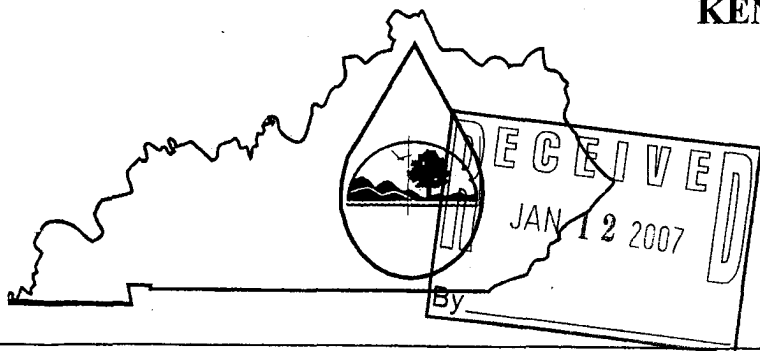
DATE:

12-29-06

KPDES FORM SC

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION



A complete application consists of this form and Form I.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY:											
I. FACILITY DISCHARGE FREQUENCY					AGENCY USE						
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)											
B. How many days per week?					INTERMITTENT						
II. A. Give the basis of design for sizing of the wastewater facility (see instructions):											
2,000 GALLON OIL-WATER SEPARATOR TO SERVE THE TANK FARM											
B. If new discharger, indicate anticipated discharge date:											
C. Indicate the design capacity of the treatment system:					MGD						

III. Outfall Location (see instructions)							
Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	39	2	32.7	84	39	53.1	TRIBUTARY OF GUNNERS CREEK
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				GPS			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)				
If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.				
OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	STORM WATER	2,000 GALS.	OIL-WATER SEPARATOR	
	RUN OFF FROM A			
	TANK FARM			

V. Check the type(s) of wastewater discharged.

☐ Domestic (60% or more sanitary sewage)

☐ Oil field waste

☐ Noncontact cooling water

☒ Other (list): STORM WATER DISCHARGE FROM OIL-WATER SEPARATOR

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☐ Yes ☒ No

VII. Discharge to other than surface waters. Check appropriate location:

☐ Publicly-owned lake or impoundment Name of lake:

☐ Publicly-owned treatment works (POTW). Name of POTW:

☐ Land application of Effluent

☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well

☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	
<input type="checkbox"/>	Arsenic	
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	

<input type="checkbox"/>	Copper	
<input type="checkbox"/>	Lead	
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	

<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Zinc	
<input type="checkbox"/>		
<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:

(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points:	(If discharge is from an overflow point, the information below must be completed.)	
Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
TOTAL POPULATION SERVED	

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS

A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅			
TOTAL SUSPENDED SOLIDS			
FECAL COLIFORM			
TOTAL RESIDUAL CHLORINE			
OIL AND GREASE			
CHEMICAL OXYGEN DEMAND			
TOTAL ORGANIC CARBON			
AMMONIA			
DISCHARGE FLOW			
PH			
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow:

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): <i>Gregory B. Bumpas General Manager</i>	TELEPHONE NUMBER (area code and number): <i>859-767-3501</i>
SIGNATURE <i>[Signature]</i>	DATE <i>12-29-06</i>

DATE: 21 May, 2004 TIME: 1152

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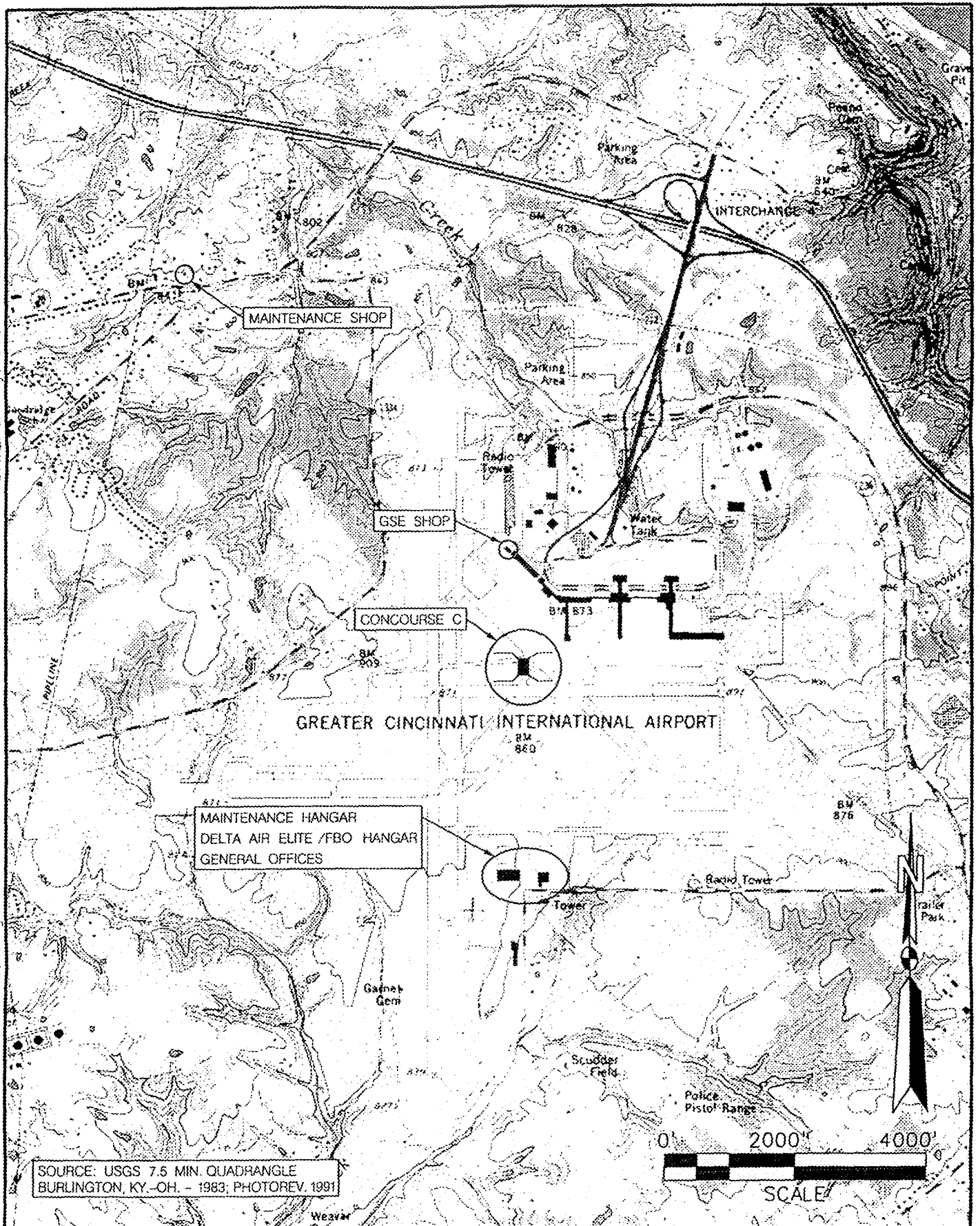
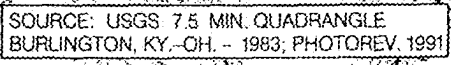


FIGURE 1
SITE LOCATION MAP

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SPCC PLAN - COMAIR CVG STATION
HEBRON, KENTUCKY

71069

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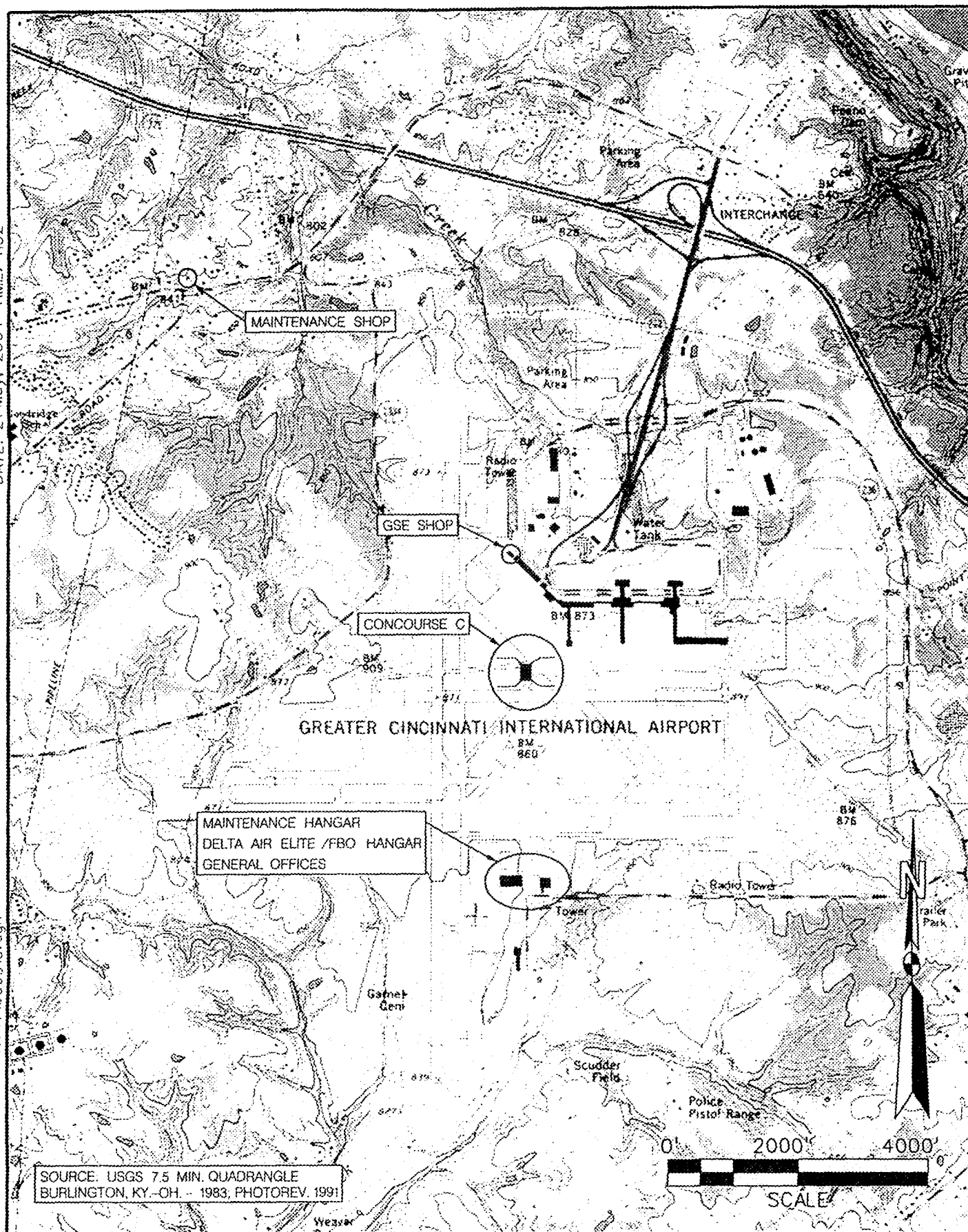


FIGURE 1
SITE LOCATION MAP

SPCC PLAN - COMAIR CVG STATION
HEBRON, KENTUCKY

MAY 2004

71069



ERNIE FLETCHER
GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET

DEPARTMENT FOR ENVIRONMENTAL PROTECTION

DIVISION OF WATER

14 REILLY ROAD

FRANKFORT, KENTUCKY 40601-1190

www.kentucky.gov

TERESA J. HILL
SECRETARY

January 17, 2007

Gregory B. Bumpus, General Manager
Delta Airline Jet Center
77 Comair Boulevard
Erlanger, Kentucky 41042

Re: Complete KPDES Permit Application
KPDES No.: KY0082678
AI ID: 166
Comair Aviation
Boone County, Kentucky

Dear Mr. Bumpus:

Your Kentucky Pollutant Discharge Elimination System (KPDES) permit application for the above-referenced facility was received by the Division of Water on January 12, 2007, and has been determined complete. As per 401 KAR 5:075, Section 1(7), the official effective date of your application has been determined as January 17, 2007, the date of this notice.

A technical review of your permit application will commence in the near future. Please be aware that you may be asked to provide additional information to clarify, modify, or supplement your application material. A request for this additional information will not render your application incomplete.

If you have any questions concerning this matter, please contact Larry Sowder at (502) 564-2225, extension 472.

Sincerely,

Nancy Green, Program Coordinator
Inventory and Data Management Section
KPDES Branch
Division of Water

NG:ng

c: Division of Water Files